John A. Devries

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COMPLETE IF KNOWN

PTO/SB/01 (10-01)

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DECLARATION FOR UTILITY OR

DESIGN

PATENT APPLICATION (37 CFR 1.63)

Attorney Docket Number

First Named Inventor

Application Number

Submitted OR With Initial Filing	Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Filing Date			
		Group Art Unit			
		Examiner Name			
As a below named inventor, I hereby declare that:					
My residence, post office address, and citizenship are as stated below next to my name.					
I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:					
LAY-DOWN STYLE HUNTING BLIND					
the specification of which (Title of the Invention)					
and opening and a second a second and a second a second and a second a second and a second and a second and a					
☑ is attached hereto					
OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International					
was filed on (MM/DD/YYYY) as United States Application Number of PC1 International					
Application Number	and	was amended on (MM/DD/YY	YY)	(if a	ipplicable).
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended					
specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part					
applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.					
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.					
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy	Attached?
				YES	NO
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Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or D sign Pat nt Application Direct all correspondence to: Customer Number 32300 OR Correspondence address below or Bar Code Label Name **Address** State ZIP City Fax Telephone Country I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor **Family Name Devries Given Name** John A. or Surname (first and middle [If any]) Inventor's Date Signature ND USA USA Enderlin State Country Citizenship Residence: City 423 3rd Avenue **Mailing Address** USA 58027 ND Enderlin Country State Zip A petition has been filed for this unsigned inventor NAME OF SECOND INVENTOR: **Family Name** Given Name (first and middle [if any]) or Surname Inventor's Date Signature State Country Citizenship Residence: City **Mailing Address**

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Zip

supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

State

City

Additional inventors are being named on the